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THE
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AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

NASHVILLE, TENN.

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EDITOR AND PROPRIETOR,

NASHVILLE, TENNESSEE.

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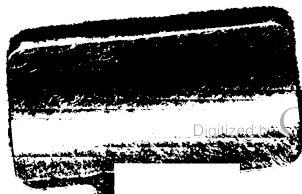
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NASHVILLE, FEBRUARY, 1893.

No. 2.

Original Communications.

IS MERCURY AN ANTIDOTE TO SYPHILIS?*

BY W. FRANK GLENN, M.D.,

Professor of Venereal Diseases in the Medical Department of the University of Tennessee—Nashville Medical College.

While it has never been discovered and cultivated, yet there is no doubt that syphilis depends upon the introduction into the system of a special germ, and all of the many varied and peculiar manifestations of the disease are due to the action of this specific virus or its ptomaines. If the medical world knew of a perfect antidote for this poison then syphilis could be speedily eradicated; but, unfortunately, such an antidote has never been discovered. Not discovered, as I believe, because the special virus has not yet been isolated and sufficiently experi-

*A paper read before the Nashville Academy of Medicine.

mented upon. Yet I believe the day is not far distant when the germs of syphilis will be fully understood and a perfect antidote found. Then will the rapid cure of syphilis be a matter more easily accomplished than the breaking up of chills and fever with quinine.

While we have no direct antidote to syphilitic poison, if we possess a remedy that is a partial antidote, and will at the same time build up the system by vitalizing the blood, thereby very materially limiting the ravages of the disease while it runs its course, may the system not finally eliminate the poison and the patient be as absolutely cured as of any known disease?

Now, the question comes, have we such a remedy?

I believe that we have a remedy that, when properly administered, is a very decided antidote to the syphilitic poison, holding its manifestations almost wholly in check, and at the same time has on the blood exactly the opposite influence to the syphilitic virus; and, if it is continued for a sufficient period of time, will in ninety-five per cent. as absolutely and completely cure as any other disease is cured. That remedy is mercury.

Let us for a moment compare the action of mercury on the system with the action of the syphilitic poison. The effect of syphilis on the blood is to lessen the number of red-blood corpuscles, thereby devitalizing every tissue in the body. In addition to this general debilitating influence, it has manifestly all of the special lesions peculiar to itself. Mercury, in the proper doses, has exactly the opposite influence. It, by its direct antidotal properties, prevents to a very great degree the special lesions of syphilis from making their appearances, and it also actually increases the number of red-blood globules. It, therefore, holds the poison in check and at the same time constantly fortifies the system by vitalizing the blood, thereby enabling it to so successfully cope with the enemy as to finally banish it entirely from the system, leaving the patient to all intents and purposes well. I say administered in the proper doses, from the fact that mercury is a double-edged weapon. If the dose be too large, approaching ptialism, then the effect is to lessen the number of red-blood globules, thereby assisting syphilis in pulling down the system. The dose of mercury must, therefore, be established for each individual, and only the dose given which will antidot

the poison and at the same time be tonic to the system. Years ago, by a misunderstanding of its action and a wrong application of the remedy, many crimes were laid at the door of mercury of which it was not guilty.

Under an erroneous impression, mercury was blamed for hurting the bones, and for certain pains called mercurial rheumatism. For neither of which is it responsible. But these bone pains, and so-called mercurial rheumatism, are clearly and undoubtedly due to syphilis, and they are the result of the want of the proper course of mercury, instead of the result of its use.

Now, then, an important question presents itself. Can a man who has had syphilis be cured so that he might become a proper subject for matrimony, without giving any risk to his wife or offspring? This is an all important question and one often presented by the patient to the physician. The grave responsibility resting upon us in giving an answer to this question should make us look at it from the standpoint of scientific medicine alone. No other influences should in the least weigh with us or bias our judgment. The influences of friendship should not incline us to favor our patient if his disease is not curable, neither should an unjust prejudice control against the established teachings of science. This question is, therefore, to be decided by the physician for the man contemplating matrimony, and he must fully appreciate the gravity of the situation.

What can we contemplate with more horror than a young and beautiful bride receiving syphilis as a bridal gift from her husband? Or, again, what on earth could be sadder than syphilis in the cradle? Instead of the bright, bouncing babe, so anxiously looked for by all the relatives, a miserable scrawny scabby wretch, an object of disgust and pity, which soon whines its life away. Then, fully appreciating the gravity of the question, I answer that after a proper course of medicine, assisted by the observance of hygienic rules, a man may marry with perfect impunity and render no risk either to his wife or his offspring.

Then, understanding the effects of mercury on the syphilitic virus, and on the red corpuscles, we draw the following conclusions:

1. That mercury is a strong yet partial antidote to syphilitic poison.

2. That mercury given in the proper doses and continued for a sufficient time will, in the greater number of instances, cure syphilis.

3. That mercury is the only medicine possessing in any degree the power of eradicating syphilis.

4. That mercury does not cause bone pains and rheumatism in the days that follow its administration.

5. That, thanks to the therapeutic effects of mercury, a man who has been so unfortunate as to have had his system poisoned by this peculiar virus is not to be debarred from the happy pleasures of the matrimonial state, and may surround himself with that climax of human desire, home and family.

THE DIAGNOSIS AND TREATMENT OF INGUINAL HERNIA.*

BY J. W. HANDLEY, M. D.,

Lecturer on Genito-Urinary Diseases and Demonstrator of Anatomy, Medical Department, University of Tennessee.

The diagnosis between inguinal hernia and the various other enlargements so often found in the scrotum is at times quite difficult to make. In your works on surgery you will find formulated tables giving the differential diagnosis between hernia and hydrocele, varicocele, hæmatocele, suppurating adenitis, etc., a thorough knowledge of which will aid greatly in arriving at a conclusion as to what condition exists.

Possibly the greatest difficulty in the diagnosis of scrotal tumors is in congenital hernia and congenital hydrocele, in which latter condition there has been only a partial obliteration of the peritoneal prolongation at the abdominal ring and inguinal canal, thereby allowing the fluid to gravitate into the tunica vaginalis. Congenital hydrocele appears soon after birth, giving a tumor filling up the entire one side of the scrotum, continuous along the inguinal canal, more or less rapidly reducible according to the size of the opening at the neck of the tumor. The testicle

*A paper read before the Nashville Academy of Medicine.

is entirely obscured while the fluid is in the sac, but reappears on reducing the tumor; it is translucent, and gives more or less flatness on percussion.

In *hernia*—whether congenital or not—there is found a tumor, doughy in character, filling up the inguinal canal and extending down into the scrotum, usually resonant on percussion, and showing little or no fluctuation; when the tumor is reduced, which may be difficult at times to accomplish, it rushes back with a gurgling and a jerk. Now, with the finger in the canal, and the patient being requested to cough, or, it being a child, made to cry by pinching or pricking with a pin, a distinct protrusion or impulse can be felt. Its shape is often irregular and elongated, while the shape of the hydrocele is oval or pyriform, and smooth and regular, unless a multi-locular cyst exists. The testicle can always be felt in an uncomplicated congenital hernia, unless there is present a case of undescended testicle, which condition must always be taken into consideration. If a hydrocele of the hernia sac, or a multi-locular cyst, or any form of cystic tumor exists, and there is doubt in the mind of the surgeon as to the condition present, nothing will afford us more aid in diagnosis, than a small, clean hypodermic needle attached to an aspirator or syringe, with which the fluid can be withdrawn, if present, without the slightest harm to the patient. Note—Only a short time since I had occasion to see a case of double hydrocele complicated with double indirect inguinal hernia, in which the diagnosis was quite obscure until the hydrocele sac had been evacuated, when the diagnosis became clear and could be easily made. The differential diagnosis between incarcerated inguinal hernia and hydrocele of the cord is at times a point of considerable interest to the surgeon, and one often attended with difficulty before a clear conception of the pathological condition existing can be determined upon; especially is this true when the sac contains a dark colored, gelatinous fluid, and the sac walls are markedly thickened, or there exists an hæmatocele.

An epiplocele, characterized as a soft, uneven mass, giving flatness on percussion, and devoid of that peculiar gurgling of inguinal enterocele so frequently noticed during taxis, might be mistaken for an exaggerated varicocele with enlargement of the cord through hypertrophic changes, especially if the hernia has

become incarcerated. An acute inguinal adenitis, with disintegration of the glands, together with infiltration of the perilymphatic tissues, has been mistaken for direct inguinal hernia, the scalpel plunged carelessly into it, and severe after effects experienced. In such a case, if the intestine has passed back into the abdominal cavity, as it naturally will do after its contents have been evacuated, a laparotomy and closure of the incision into the intestine will be necessary for the complete restoration of the patient. Such a mistake is unpardonable on the part of a reputable M. D., since in the former condition there is found pain, heat, redness and probably a less circumscribed swelling, than in hernia, unless it has become strangulated, at which time colicky intestinal pains, general disturbance of the nervous system, nausea, and frequently vomiting, will be noticed.

Syphilitic orchitis, accompanied with hydrocele of the cord, may simulate incarcerated hernia closely, but the hardness of the testicle, its nodular form, extreme weight and previous syphilitic history, ought to be sufficient to make a diagnosis clear. When a case of inguinal or scrotal trouble presents itself, the first step in diagnosis is to find the testicle, which cannot always clearly be made out.

Now, at length, having determined by the various means and symptoms previously spoken of in this paper, that we have an inguinal hernia, the age, occupation, habits etc., must be taken into consideration before a definite plan of treatment can be employed. The treatment of inguinal hernia may be either palliative or radical, but the palliative measures may become radical at times, while what is regarded radical treatment may be only palliative. The former is applicable to all forms of hernia, except incarcerated hernia, while the latter is only justifiable where the former measure fails to cure or control the trouble. The form of truss for palliative treatment has elicited more discussion among medical men than the treatment of any other form of trouble. While a truss is regarded usually as a palliative measure, yet some authorities (Prof. Cheyne) strongly insists that a properly fitting and a properly worn truss ought to be a radical cure. If the bowel is prevented from ever again passing down, by sufficient pressure and properly directed efforts, nature will do the rest. The canal has a natural tendency to contract and close,

and it is only the occasional passage of the gut that prevents it, as the steel sound introduced at intervals prevents the closure of a stricture of the urethra. Especially is this the case in children, and all that is wanted is to maintain sufficient pressure over the internal ring to allow the neck of the sac to close. Pressure over the external ring merely prevents the descent of the intestine into the scrotum. Now, as to the best forms of trusses to be employed: For infants I most heartily indorse the "hank or woolen truss," first suggested by William Coates in the *London Med. Gazette* in 1848, and described in Pye's *Surgical Handicraft*, 1st American edition, from 5th London, p. 112, which I now take pleasure in presenting to you. It is made of woolen threads, thirty or forty in number, wound into a hank of sufficient length to pass around the body, loop over the inguinal canal, and descend beneath the perineum, to be tied to the first horizontal band. By looping or tying the hank over the abdominal ring, firm pressure is afforded the entire canal, and is in every respect comfortable to the little child. I dare say those of you who have not used this truss, after doing so once, will throw aside that stiff, ill-fitting, inelastic band heretofore employed, which so often produces excoriation of the tender, soft parts, atrophy of the tendinous supports, and frequently abscesses. Should the parts become excoriated from the use of this truss, which is rarely the case, the dry sub-iodide of bismuth will speedily cure them. The advantages of this truss are its easy application by the mother, its safety in holding up the hernia, its cheapness, and the comfort afforded the patient. Usually the continued wearing of this truss for six months is sufficient to permanently cure the majority of cases. For older children, say 18 months or two years of age, I prefer the elastic belt truss, with a hard rubber or polished wooden pad and a single perineal band. Should this be used for two years or more and a cure not be effected, a radical operation should be done, although this procedure is not contra-indicated in the beginning of the treatment. The mother should be instructed that the truss should always be taken on and off with the patient in the recumbent position, and the child should from time to time be cautioned not to jump, climb or exert himself, and at first feeling of discomfort in the region of the hernia, go immediately to its mother for relief.

The water pad, the soft packed pad, and all others not producing firm pressure over the ring have proven failures in nearly every instance, but especially so when applied to laboring men. The best truss for this class of men, in my opinion, is a well-fitting, steel spring truss, with a hard oval pad and a posterior counter pressure pad. For gentlemen not engaged in manual labor, who are never required to strain or exert themselves, an elastic belt truss, with the perineal band, will best promote comfort and preserve the integrity of the parts. No truss should produce discomfort, and great care should be observed lest it produce too much pressure, from which would result atrophy of the structures forming the ring and canal and a consequent enlargement of the same.

With the advent of antiseptics the surgeons were not long in trying to devise some operative procedures for the permanent relief of this formidable trouble from which so many thousand people suffer. Up to this period, the peritoneal cavity was entered with fear and trembling, and operative measures, were confined to strangulated hernia, and in these cases after all other measures had been resorted to. Taxis was carried too far in many cases, and death was the result where an operation with antiseptic precautions as at the present day will relieve without danger to the patient. Although many operations have been devised by our energetic surgeons of the nineteenth century, yet the majority have fallen into disuse, and can be termed out of date. Heaton's operation, the subcutaneous injection of fluid extract of white oak bark, at first warmly advocated by many surgeons, may be regarded an unscientific procedure, and unworthy of a skillful surgeon's attention. All that may be expected from this method is a temporary barrier to the protruding viscus, for eventually the plug of cicatricial tissue produced by the irritant will be absorbed, and the hernia will return as before. This operation is only applicable to inguinal hernia cases where the ring and canal have not become patulous.

There are three cutting operations for the radical cure of hernia of some note which I will mention, and try to point out the faults and good qualities of each.

Macewen's, which consists in the formation of a plug by throwing the sac into folds, (as sewing women run a gathering string

through cloth), and invaginating it into the original canal. This is done frequently by Dr. Wyeth, of the New York Polyclinic, who prefers it in many cases on account of its simplicity. The first and immediate danger to be anticipated is sloughing of the fibro-serous membrane, the vitality of which is necessarily impaired. If suppuration should occur, a sinus may form, which will last for months. Again, the plug so formed will eventually be absorbed. A lengthy description of Macewen's operation I regard useless, as it can be found in some of your late works on surgery.

I prefer McBurney's operation, on account of its simplicity and greater surety of success, and less liability to a recurrence of the hernia. It is done as follows:

Before operating, preferably six or eight hours, the pubis and surrounding parts are shaven, scrubbed with soap, brush and warm water, and after drying, washed with ether to remove all remaining grease, next washed with 1-1000 solution of mercuric chloride, and covered with a moist bi-chloride towel until ready for operation. The parts, after anæsthesia, should again be washed with an antiseptic solution, and with the surgeon's hands thoroughly scrubbed and sterilized, the instruments boiled and placed in carbolic solution, the patient covered with antiseptic towels, and we are ready for the operation. Too many antiseptic precautions cannot be observed, for we are dealing with delicate structures, easily excited to inflammation. Now, having the flexor muscles thoroughly relaxed, an incision sufficiently long and deep to expose the internal ring and sac is made. Next, divide the inguinal canal along the anterior wall from external ring to internal ring; dissect off the coverings of the sac with the fingers and handle of scalpel, and separate the cord from the sac, a procedure quite easy to perform. The entire sac being dissected up and lifted out, all bleeding vessels being checked, after thorough irrigation of the parts, it is opened, and any adhesions present are broken up, and ligated and divided. A strong catgut ligature is now thrown around the deepest portion of the canal and tied, care being taken not to include the intestine in the ligature. The outer end of the sac is cut away, leaving enough for a good stump. The upper or internal wall is formed by the edges of the skin, external oblique aponeurosis and conjoined

tendon, the lower wall by skin, superficial fascia Poupart's ligament and the outer pillar. In order to prevent too rapid closure of the wound immediately over the internal ring, the skin is tucked under along each edge of the incision by from four to eight stout silk ligatures, so as to include all the tissues except the peritoneum, so that when they are tightened, the skin is inverted. Two tension sutures are now introduced, and the incision on the scrotum stitched with catgut. The wound above is now packed with iodoformized gauze, covered with a rubber protective, and dressed antiseptically. The dressing should be changed on the 8th day, and every four or five days thereafter, and the dorsal decubitus maintained for from four to six weeks. By thus tying off the sac at the level of the parietal peritoneum, we obliterate any funnel-shape process which might invite a re-formation of the hernia; also by treating as an open wound we cause the formation of stronger, deep-seated cicatricial tissue over the internal ring. There are objections to this method, among which I might mention self-destruction of adventitious tissue, separation of the cicatrix at the internal ring, adhesions of the peritoneum to the cicatrix, which causes great pain to the patient on coughing, and the discomfort a truss causes if it has to be resorted to in the future. Bassini's method, an admirable description of which can be found in the *Medical Record*, July 2, 1892, by Samuel E. Millikin, is well worthy of careful consideration by all of you before determining what operation you would prefer. The author claims greater success from that operation than does McBurney or Macewen, fewer recurrences and less time to perfect a cure—usually three to four weeks.

CHRONIC URETHRITIS.*

BY C. W. SIMPSON, M.D., OF WAXAHACHIE, TEXAS.

In calling attention to this common and much-abused subject I do not expect to offer anything new or startling. My experience and observation lead me to the remarks I have to make, and

* A paper read before the North Texas Medical Association, in December, 1892.

I sincerely trust they will prove more satisfactory to you than my treatment has often done to my patients.

That chronic urethritis is one of the most common diseases a young physician is called upon to treat I suppose no one will gainsay. With me it is more common than acute urethritis, from the simple fact that many of our druggists will prescribe for acute gonorrhœa, and many of those who are accustomed to having it have learned that some patent nostrum will often relieve, hence it is only after the druggist or patent medicine has failed that the physician has an opportunity to show his hand.

Chronic urethritis, chronic gonorrhœa, and gleet, are usually considered synonymous terms. It shall be the object of my paper to point out a difference between them.

Chronic urethritis includes both chronic gonorrhœa and gleet. It is a distinction between the two latter to which I wish to call attention. Most authors make no distinction, considering and treating them as one and the same disease, and while in many cases their treatment suffice, yet by a study of their pathology and an understanding of the same, we will be forced "a rationale" to treat them differently.

Acute urethritis is, nine times out of ten; yea, ninety-nine times out of a hundred, caused by a specific virulent poison, a peculiarly-shaped vegetable parasite, called by Neisser, gonococcus. While these germs are active, keeping up a high grade of inflammation, and causing the formation of much pus, it is acute gonorrhœa. When they have become less active, and have left the smooth walls of the canal and sought a receptacle behind a stricture, in a fossa or elsewhere, they have effectually evaded dislodgement, they set up a lower grade of inflammation with a muco-purulent discharge, such is chronic gonorrhœa, and in which we always find an abundance of gonococci, though from long culture in the same soil they are less virulent than the same germs of acute gonorrhœa. It is obvious that, with these symptoms, the object of our treatment should be the destruction of the germs, after which, under ordinary circumstances, the discharge will cease. The destruction of these germs often tax our every resource.

The irrigation method is now generally considered the treatment. It consists in thoroughly irrigating the canal once or

twice daily with from a pint to a gallon of some antiseptic solution, by means of a double-current catheter, or an ordinary soft-rubber catheter attached to a fountain, or a Davidson syringe. The preferable solutions being bichloride of mercury, 1 to 10,000; iodide of zinc, 3 to five grains to the pint; or the permanganate of potassium, 1 to 500 to 1000. With some simple agent to render the urine less acid and irritating, and, especially, I would advise the regular and continued administration of *copaiba*, as recent research justifies the conjecture that this agent exerts a prohibitory action over the growth of gonorrhœal germs.

In gleet we have quite a different state of affairs. It follows any kind of urethritis and is sometimes idiopathic. Every gonorrhœa is followed by a gleet discharge, but before the chronic discharge which we term gleet begins, there has usually been an entire cessation of the discharge. Then there has been, either gradually or following some excess, a return of a mucoid-discharge in which gonococci are absent. It may be only a drop of glairy mucus appearing occasionally at the meatus, or it may be a more or less profuse flow of muco-purulent matter, though if there be much pus it should make us suspicious of gonorrhœa.

The structural changes in gleet are many. Stricture keeping up a constant inflammation in the tissues around it, and a granular condition similar to that of chronic conjunctivitis, being the two most common. Then there may be a patch of simply congested mucous membrane, as the membrane may be entirely destroyed at certain places, and from mere inervation be unable to reproduce itself. The general health of the patient is usually much impaired.

The diagnosis of the exact lesion in gleet is of the utmost importance, and, unfortunately, it is frequently very difficult to make. With the microscope we can satisfy ourselves of the absence of gonococci. The endoscope, which, in the hands of an expert may be a good instrument for diagnostic purposes, has proven of little service to me, though I am convinced that by practice one can soon learn to gain much information through it. With the bulbous bougie we can locate strictures, determine their caliber and their resiliency. Can locate sensitive and inflamed spots along the canal, and can tell something of the condition of

the spots by the readiness with which they bleed and the character of the pain elicited by the passage of the instrument.

The treatment, then, is theoretically a simple matter, and I believe would be a much more simple and successful matter practically if we would devote more time and pains to its diagnosis, and have a definite object in view before beginning treatment. If there be a stricture, usually the most practical manner of dealing with it is by gradual dilatation, though if it be a tight organic stricture, cutting may be necessary. In deciding between cutting, divulsion and gradual dilatation, the individual fancy of the surgeon will be displayed. The granular patch, which is a very common lesion, is the most troublesome to manage. A cold sound, either medicated or not, has been highly recommended and is worth a trial. Direct application, either through the endoscope, or deep urethral syringe, of a strong solution of nitrate of silver, or carbolic acid, or any stimulating cautery that, in our judgment the case warrants, is the best treatment if properly applied. If it is only a congested spot, or a spot of destroyed mucous membrane, much the same treatment is applicable, except the cautery is not needed. Some simple stimulant taking its place.

In all forms of gleet the constitutional treatment deserves special attention. Something to render the urine bland, and a general tonic being always indicated.

Selections.

THE PREVENTION OF PERTONITIS.—In a paper read before the Harveian Society, of London, which is published in the *British Medical Journal*, November 12, 1892, Mr. Lawson Tait discusses the nature and prevention of peritonitis; and his views, based upon an immense clinical experience, are so thoroughly practical that they cannot fail to prove of interest to every practitioner. Mr. Tait's theory of the function of the peritoneum differs essentially from that given in most text-

books. He believes that its importance in the human economy is so great that it should be ranked almost next in order to the brain, and does not subscribe to the view commonly expressed that its chief function is to allow free movement of the organs it envelops. In his opinion, the strange and invariable plications of this membrane, the exceeding vascularity of its surface, the presence of innumerable stomata, and the profuse nerve supply derived neither from the motor nor sensory system, all point to some active function, whether it be that of secretion or absorption. All the organs actively engaged in the primary preparation of the systemic nutrients, are not only enclosed in the peritoneum, but all the blood gathered from these great organs is collected by a series of minute venous radicles exposed voluminously and immediately under the peritoneal epithelium to any influences which may arise from it.

With regard to the causes of peritonitis, Mr. Tait is equally opposed to the theories commonly held, and forcibly remarks that peritonitis is not a lesion which fits into the germ theory of disease at all. He believes that the influence of the nervous system in the causation of inflammation has been underestimated, and that in peritonitis nerve disturbance contributes more to the death of the patient than microbe invasion. While admitting the existence of a septic peritonitis, he thinks that, save where definable from evidence wholly extrinsic to the condition of the peritoneum, it is an etiological entity which exists only in the mind of the pathological metaphysician.

In the symptomatology of peritonitis the author warns us not to place too much reliance upon records of pulse and temperature, as in this disease they are not only untrustworthy, but may become positively misleading. Alteration of the patient's face and intestinal distention are two signs so constantly present in peritonitis, that they always deserve attention. Alteration of the face is deceptive, however, because many fidgety people, and those who bear pain badly, will put on a face indicative of danger when there is none, and the common habit of administering an opiate after an operation to save pain, is a source of great danger, for it masks this facial alteration at the time when its aid is most needed, that is at the outset of the peritonitis. The alteration of the face most to be feared is not one of pain, but of

anxiety, accompanied by a tendency to chatter and ask questions; if the patient persistently chatters she is pretty sure to die. The symptom most to be dreaded is intestinal distension, which occurs at an early period, and, in the author's experience, this condition has been a prominent feature of every fatal case of peritonitis. It is his custom when he sees distension, to anticipate peritonitis by the administration of purgatives; if the attempt to purge is successful the patient recovers, if not she dies.

The cause of death in peritonitis is, in conformity with Mr. Tait's physiological beliefs, a disturbance of the ebb and flow of the serum stream of the peritoneum, and the disturbance of the functions of the liver. It would carry us too far to give in full the ingenious arguments adduced by him in favor of this view. Suffice it to say that he regards bilious vomiting, when fully established after the occurrence of distension, as generally indicative of a fatal issue; and the fourth night as a critical time for all abdominal sections, except those involving the use of the clamp in hysterectomy. If the grave symptoms are all matured on the fourth day after operation, a fatal issue is pretty certain. If they hang over until the sixth or later, the chances of the patient's recovery increase in a geometrical ratio, always excepting cases of hysterectomy. Hence it follows, that taking time by the forelock in dealing with peritonitis is everything. The author assails those who talk about treating peritonitis; we must prevent it. His policy is to get control of the vermicular movements of the intestines before the mechanical stasis of the inflammatory process has rendered it impossible. The use of opium by the mouth after operations is vigorously condemned both as modifying or suspending vermicular action, and masking the real condition of the patient. The thirst following abdominal section should not be regarded as an indication for the administration of ice or fluids, but rather for a withdrawal of drinks. Mr. Tait's practice is to keep his patients for as nearly forty-eight hours as may be in absolute starvation, this being modified by age and previous exhaustion. If sickness sets in on the third or fourth day, or at any time after, all food and drink are withheld absolutely for twelve hours, or even longer; for nothing can be digested and absorbed by the stomach so long as bile is being poured into it. In his opinion the starvation and withholding of

fluid also prevents the mechanical stasis of the circulation in the intestinal coats, which is the initial stage of the fatal process of peritonitis, and this preventive measure may be assisted by stimulating peristalsis. Inasmuch as the mechanical stasis always originates in the transverse colon, stimulant enemata—soap and turpentine—are indicated. In the author's practice the nurse is instructed to give an enema, if a passage of flatus per anum does not occur for twenty-four hours after operation, especially if accompanied by the slightest suspicion of distension. If the enema fails, a mild saline purge (generally a seidlitz powder) is administered, and repeated every twenty-four hours until it acts. The increase of distension should lead us to redouble our efforts to move the bowels, and if successful in this, recovery is usually assured; and even in well established peritonitis Mr. Tait urges a trial of the purgative treatment, although the chances are against its success.

In conclusion, he emphasizes the point that the outcome of a case of peritonitis depends far less on the severity of the symptoms than on the time over which they run; and he has found this peculiarity not only in traumatic peritonitis, but also in other forms, and in that known as idiopathic peritonitis.—*International Journal of Surgery*.

TREATMENT OF SMALL POX.—The patient should be isolated for the safety of others, and should be kept in a comfortable, well-ventilated room with little furniture or bedding to become charged with morbid germs. A general fever treatment should be adopted as regards diet, etc. It is positively harmful to stifle these patients in close, hot apartments and drench them with hot teas under the idea that the eruption will be hastened. Cracked ice, cooling drinks, and light, nutritious diet should be the line of general treatment, with concentrated food and stimulants later on as the system will demand about the period of maturation. For violent pain in back and limbs, opium and potass. bromide. Nausea and vomiting will be helped by using the refrigerant diaphoretics, neutral mixture, liqr. ammonia acet., and similar preparations. Granular effervescing citrate or bicarbonate of potash are very grateful to the patient. In conjunctivitis,

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In doses of 10 to 20 grains.

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pharyngitis, and rhinitis, especial care must be taken to cleanse and disinfect these surfaces with antiseptic solutions of carbolic acid, bichloride of mercury or similar agents. The care of the eyes in confluent cases is of the utmost importance. Most authors insist that there is no specific for this terrible disease, and consequently the treatment must be conducted upon the general plan applicable to these symptoms as they arise. We wish, however, to state very frankly to our readers that we have found a certain line of specific treatment so valuable that we regard it as well nigh a specific. We have given it a faithful trial in a large number of cases of small-pox, and we have succeeded so well in cutting short and reducing the formation of pustules, that we have very little concern when we can see the patient just as the papules are appearing.

We refer to the peculiar action of *salicylic acid* in this disease. It unquestionably has the power to abort the disease to such an extent as to render it almost a specific. It will reduce temperature, relieve pain, and prevent the appearance of pustules.

Some eight or nine years ago we had a most excellent opportunity to test the value of this agent when Richmond, Va., was suffering severely with an epidemic of small pox. A few instances will suffice to show how we treated these cases and how they behaved. We were called to see a poor negro man one morning, living in a small kitchen room about 10 x 12. His wife had fled, and we found him covered with the small-pox eruption in the vesicular stage. In this room were four children, the oldest not over eight years of age. None of these children had ever been vaccinated, and the oldest one had a fever upon it at the time, and papules were beginning to appear upon the face and forehead. We ordered a *quart* mixture containing twenty-one grains salicylic acid, two drachms liqr. ammon. acet., and one drachm spirits nitre dulce to the ounce. Of this we gave the man a half-ounce every three hours, and to every one of the children, sick and well, proportionate doses at the same interval. In addition we gave the adult one grain calcium sulphide three times a day, and smaller doses of the same drug to the children.

The father's case ran a very mild course; the pustulation being

very much abridged, and in ten days he was well. The child escaped with less than three or four small pustules, and the other children escaped entirely. Some time afterwards, I related this experience to Dr. R. H. Cowan, then one of the small-pox physicians of this city, and he was so much interested that in a few days he called upon me to go with him down on Seventeenth street, to a squalid portion of the town to see an entire family just blooming out with the fever and papules. We placed everything in the crowded hut on the line of treatment suggested; and the developed cases soon ended in a most favorable manner, while it prevented the appearance of the disease in all who had not reached the papular stage.

We believe fully that the salicylic acid alone is the effective agent, but on scientific principles we have combined the other ingredients, and have no doubt that they aid still further the action of the acid. Many suggestions have been offered to prevent pitting the face, but most of them may be summed up in one general direction to keep the face covered with some bland oil or ointment with glycerine occasionally added, and the room kept darkened. If the case is seen early enough, the use of the remedies suggested for general treatment will so abate the symptoms that there will be no fear of disfigurement.—*C. A. Bryce, M.D., in Southern Clinic.*

MERCURY BENZOATE AS AN ABORTIVE OF BUBOES.—Last year Dr. Weylander, physician to the Saint-Göron Hospital, Stockholm, announced an abortive treatment of buboes with which he had obtained a cure in 91 per cent. of the cases where that treatment had been instituted before suppuration of the tumors had set in (see *Merck's Bulletin*, vol. iv. p. 154)

Since then Dr. L. Létnik, physician in charge of the venereal division of the City Hospital at Odessa, has tried Weylander's treatment in 140 patients with buboes, and has obtained complete resolution in 120—that is to say, in more than 87 per cent. of the cases. In the remaining 18, all cases in which there was already marked suppuration when the treatment was begun, he was obliged to incise the tumor.

Dr. Létnik proceeded as follows (*Sem. Méd*):

After having carefully disinfected the inguinal region, 1 cubic centimeter [16 minims] of a 1-per-cent solution of mercury benzoate was injected into the swollen gland. This done, a compressive bandage (composed of cotton and linen bandage) was applied over the bubo, and renewed once or twice in twenty-four hours: The patient had to observe the most complete rest during the whole treatment.

Immediately after the injection there developed, at the site of puncture, a burning pain, which gradually disappeared in eight or twelve hours. In the evening and on the following day the patients usually experienced a little cephalalgia and presented an elevation of temperature amounting to 1° C. [1.8° F.] or more. Locally an inflammatory reaction manifested itself by an excess of heat and of redness; however, these symptoms soon vanished, and the bubo progressively diminished in size, and in the majority of cases disappeared entirely in six to ten days. Only in twelve patients did the complete resolution of the tumor require as much as twenty days. The average duration of the treatment was a little less than ten days. This certainly brilliant result was obtained in the great majority of the cases from but a single injection, and it was necessary only in a few rare cases to make a second injection at an interval of eight days from the first.

In the course of his observations the author has become convinced that it is not at all necessary to use the benzoate of mercury for the injections into the buboes, but that the same results can be obtained by injecting *any soluble mercurial salt*—the biniodide, bichloride, or cyanide, always in doses of 1 centigramme [$\frac{1}{8}$ grain.]

Dr. Létnik believes that this method deserves being tried also for aborting acute phlegmons, suppurating arthrites, and abscesses consecutive to infectious diseases, whenever the morbid focus is accessible to injection, and compression with a bandage, and when the suppuration is yet in its incipency.—*Merck's Bulletin*.

A CASE OF GOITRE CURED BY GALVANISM AND SYRUP OF HYDRIODIC ACID.—Dr. W. C. Wile reports in November number of the *New England Medical Monthly* a case of goitre, which recovered in eight months under treatment.

The patient, a lady, æt. thirty-seven, mother of four children, had a severe attack of LaGrippe, followed by pneumonia. Convalescence was long and tedious. She then noticed palpitation of the heart, indigestion, insomnia, and extreme nervousness. A careful examination revealed no organic heart disease, but it was found that all of her symptoms were due to a commencing Graves' disease.

She had the enlargement of the thyroid gland, exophthalmia, and all of the nervous phenomena.

The bowels were regulated, and patient given a plain, nourishing diet, including sherry wine, sulphonal was given for insomnia.

From eight to ten cells of the galvanic current were administered, placing the positive pole inside the left ear, and the negative over the seventh cervical vertebra, applying the current for twenty minutes each day. Internally, she was given syrup of hydriodic acid, in teaspoonful doses, t. i. d., which was gradually increased until two teaspoonfuls were taken at one time, t. i. d. Then the dose was reduced to the original teaspoonful, which she continued taking for seven months.

Improvement was immediate and rapid. The galvanism was stopped at the end of the month, while the syrup of hydriodic acid was continued. She was discharged perfectly cured.—*Phil. Med. and Surg. Reporter.*

CHANCES:—The young men and young women who aspire to obtain Academic or College educations, and whose parents cannot well afford them that expense, will be interested in the work of *The Cosmopolitan Magazine*, which has offered for the year 1898, one thousand scholarships at any of the leading colleges or schools of the United States, upon the condition of introducing the magazine into certain neighborhoods. Yale, Vassar, Harvard, Ann Arbor, Chicago, the Southern Colleges, the great schools of art and medicine, all are alike open to the ambitious boy or girl who is not afraid of a little earnest work. *The Cosmopolitan* sends out from its New York office a handsomely printed pamphlet to any applicant, telling just what is necessary in order to secure one of these scholarships. The scholarship includes board, lodging, laundry and tuition—all free.

COCILLANA—AN INTERESTING ADDITION TO THE MATERIA MEDICA.—Respiratory inflammations always form a large proportion of the physician's cases. A Bolivian remedy which gives promise of much therapeutic efficacy is Cocillana, which was introduced a few years ago through the researches of Prof. H. H. Husby, the eminent botanist.

Experiments were made with it by many medical investigators, who found its action very satisfactory in catarrhal inflammations of the respiratory organs, in coryza, hay asthma, bronchitis, acute and chronic, influenza and pneumonia.

It possesses also, laxative and purgative qualities, and has been employed successfully as a substitute for ipecac and apomorphia in catarrhal conditions.

Parke, Davis & Co., who introduced the remedy to physicians, will supply reprints of articles affording information concerning its therapeutic application, and invite the medical profession to test its virtues further by clinical experiment.

They have, after much difficulty, obtained an ample supply of it, and will be glad to afford any facts desired concerning this or any other of their new remedies for respiratory affections.

RECTAL FEEDING may be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water (*Detroit Emergency Hos. Rep.*) This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowels by means of a syringe. To facilitate the entrance of the fluid into the intestines, it is well to put the patient into a position with the hips much elevated above the head; either the knee-chest position or with two or three pillows resting beneath the hips.—*Pop. Science News*.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

ALWAYS PLAY TRUMPS.—In a late number of the *Medical World* is an article from the pen of Dr. A. N. Owen, of Evansville, Ind. He describes various experiences he has had with new remedies, and how often these had disappointed him. But at the Detroit meeting he decided to try papoid as soon as he returned home. He now reports a case of blind ischio-rectal fistula of twenty years standing. This had been operated upon repeatedly by some of the best surgeons, but without success. He had operated on the case and treated it for a year, but had to give it up. However, "after proper preparation of the fistulous tract, one injection of papoid effected a cure, at least it has been well for over two months." He concludes the article by saying: "Wyeth says that in surgery where you are in doubt about the case, always play 'trumps' (the knife being the trump). I say that when you are in doubt about a prescription where the gastro-intestinal tract is involved *play trumps by giving papoid.*"—*National Med. Review.*

PILES AND THEIR TREATMENT continue to maintain an apparently unsettled position in therapeutics. There is a curious want of uniformity in the surgical treatment of piles at the hands of our surgeons (*Hosp. Gaz.*). There are half a dozen of different operations, and men pick and choose, although, on serious discussion, it does not appear that there is more than one really good method. Salmon's operation, by dividing the mucous membrane and applying a ligature, without cutting off the pile, is, by agreement, the most practical and the most safe. Whitehead's operation is adequately described by Mr. Keetley as "expensive alike of the surgeon's time and the patient's blood." The plan of crushing the piles exposes the patient to slightly more risk than Salmon's operation, but it may be adopted with advantage when time is an object, since it allows the patient to get about within a week. A simple and almost enticing method is the injection of the body of the pile with a glycerine solution of carbolic acid (five to ten per cent.), but it is only applicable in cases when the piles can be reduced and kept up. Mr. Swinford Edwards has given this procedure a trial in some two hundred cases, with, he states, satisfactory results. It is hardly necessary to re-

mark that for purposes of treatment external must be clearly distinguished from internal piles, though, should the latter cause much discomfort, Mr. Edwards sees no objection to snipping them off. In deciding the question whether to operate or not, we must be guided less by pathological considerations than by the pain and loss of blood.—*Med. Review.*

DISCRIMINATION IS UNJUST when not founded upon reason. As the *Doctor's Weekly* says: When a contributor to the medical press of this country happens to mention the name of a proprietary pharmaceutical product emanating from an American laboratory, his sincerity is at once challenged, and his statements are accepted *cum grano salis*—if at all. He is charged with attempting to boom somebody's product at the expense of the publisher, and with imposing upon the credulity of the average reader. On the other hand, our medical journals teem with original articles, clippings and translations relating to foreign pharmaceutical products, that are not only *proprietary* but are also *patented*, and yet we hear no complaints from medical readers. We are unable to account for such discrimination, but that it exists, no one, who is posted on the subject, will deny.

REMOVAL OF FOREIGN BODIES FROM THE VITREOUS WITH THE ELECTRO-MAGNET.—The *Maryland Medical Journal* for July gives the following data concerning a case successfully treated by Dr. S. Theobald, of Baltimore: A boy, 12 years old, while using a hammer, received in his eye a piece of steel, which penetrated the cornea and lodged in the vitreous. He was not seen by Dr. Theobald until the sixth day after the injury. The eye was then highly injected, and iritis was impending. The cornea had been penetrated at its upper margin and there was a wound of the size of a pin-head in the iris. The vitreous showed a difused opacity with numerous floating opacities; the details of the fundus could not be seen; vision was $\frac{1}{125}$; the foreign body was not visible. Five days later, or on the eleventh day after the accident, the injection had increased and iritis had begun. An incision was made through the sclera between the external

and inferior rectus muscles. A Hirschberg electro-magnet was used. A single cell was judged sufficiently energetic, since with it the magnet lifted a tack hammer from the table. The point of the magnet was introduced into the vitreous three times without success, but on the next trial it brought out a small piece of steel. The lad suffered little after the operation, the pupil being kept dilated with atropine. Several days after the operation he was discharged, with the vision $\frac{1}{4}$. Forty-five days after the operation the vision was $\frac{1}{8}$; the fundus of the eye had become clear, and only a few floating opacities remained in the vitreous.

Magnetic removal in such cases has now been reported successful in a sufficiency of instances to justify us in the hope of saving a goodly percentage of eyes if operation is not delayed too long.

The prospects of success are, of course, largely dependent on our having a knowledge or a reasonable clear idea of the position of the offending body in the vitreous.—*N. Y. Med. Journal.*

THE THERAPY OF TETANUS.—Albertoni (*Therapeutische Monatshefte*, Sept., 1892) has collected 176 cases of tetanus treated in various ways, with 139 recoveries; 78.9 per cent. recoveries, 21 per cent. deaths. From these statistics he concludes, first that tetanus is not so fatal as is generally supposed. Second, that it recovers after various methods of treatment, and therefore probably tends naturally to recovery. The division of tetanus into acute and chronic is ancient. Since Hippocrates it has been well understood that after a case had run a course of a week, the chances of recovery increased. The latest treatment is by blood serum of animals which have been rendered immune. In 1890, Behring and Kitasato, in experimenting with iodo-chloride caused rabbits to become immune to tetanus. They found that the serum of such animals had the power of causing immunity in mice. In a case of tetanus in man, reported by Finotti, he ascribed the recovery to the use of this antitoxin because no other medication had been used, but he stated that an iodoform dressing had been used on the wound. This latter treatment had been considered almost a specific by some writers. Chloral has given the greatest relative recovery, it is best given in large doses. Application of ice to the spinal column is theoretically correct and has given good results.—*University Med. Mag.*

PEROXIDE OF HYDROGEN IN GASTRIC DISTURBANCES.—A. N. Iakovleff (St. Petersburg Inaugural Dissertation, 1892, No. 109) has made nine experiments on eight subjects, of whom some were suffering from chronic gastritis, some from nervous dyspepsia, one from cancer of the stomach, and one from hyperacidity of the gastric juice, while the eighth was healthy. In all but two cases the patients were given 4 c. c. of a three-per-cent solution of H_2O_2 before breakfast, dinner and supper. The patient with malignant disease and the one with hyperacidity took a two-per-cent solution, 4 c.c. from three to six times a day. The following is a summary of the results of these experiments; (1) Under the influence of H_2O_2 the general acidity of the gastric juice and the proportion of free HCl invariably increases. (2) The proportion of lactic acid always decreases, while in later stages of digestion the acid disappears altogether from the gastric contents. The phenomenon should be attributed to the well-known anti-fermentative properties of H_2O_2 . (3) The digestive power of the gastric juice is markedly intensified. (4) In the case of hyperacidity (as well as in another similar case in the the author's private practice), the administration of the peroxide was followed by a distinct aggravation of all gastric symptoms, while in all others, including that of cancer, marked improvement was observed, the appetite improved, the epigastric pain ceased, eructations and vomitings decreased or entirely disappeared, the bowels became more regular, etc. The author further made experiments on frogs and dogs, his object being to elucidate the effects of H_2O_2 on the circulation. The results agree pretty closely with those published by Guttman and Schwerin, the essential point being that H_2O_2 is decomposed by the blood, and hence can give rise to gaseous embolism with its consequences, such as dyspnoea-dilatation of the cardiac cavities, etc. From these facts, Iakovleff concludes that injections of H_2O_2 into the circulation for therapeutical purposes, as suggested by some authors, are absolutely inadmissible.—*British Medical Journal*, Sept. 10, 1892.

FAIRCHILD'S PEPTONIZING TUBES are worth their weight in gold. They can be procured from all druggists.—(*Ed.S.P.*)

A BACILLUS OF ECLAMPSIA.—The time-honored relation of albuminuria to puerperal eclampsia—as cause and effect—has been questioned at various times, but as there had never been any facts presented which furnished a more plausible solution of the etiology of this serious disease, it has remained practically as before—the result of the nephritis of pregnancy.

Kaltenbach and Gerdes (*Wien. Med. Blatt, and Deutsche Med. Wochen.*), and abstracted by The Review of Insanity and Nervous diseases, have discovered a short, thick bacillus in the organs and blood of patients dead of puerperal eclampsia, and Gerdes sums up as follows:

1. The eclampsia bacillus is the sole cause of puerperal eclampsia, and is found in no other disease, and there can be no eclampsia without its presence. The infection proceeds from the uterus, probably from an endometritis existing prior to conception.

2. The convulsions due to other causes occurring during labor, are to be strictly separated on the basis of the post mortem appearances, from pure puerperal eclampsia.

3. Eclampsia is a well-characterized disease, strictly limited anatomically.

4. The profound changes found in the organs of eclamptic patients post mortem, are not adequately explained by the demonstration of the presence of the specific germ in the body, but are probably due, directly or indirectly to its toxins.—*Chicago Clinical Review.*

THE SERUM TREATMENT OF PNEUMONIA.—Under this title the *New York Medical Record* says, editorially: “Among the first practical applications of the experimental investigations regarding immunity were those of the Klemperer brothers. They had first found in the cultures of pneumococci a toxine which produced pneumonia in rabbits; later they discovered that rabbits which had been inoculated with the serum of animals and men convalescent from pneumonia were invulnerable to the injections of the pneumotoxine. Applying these results to men, they injected subcutaneously the serum of persons who had just recovered from pneumonia in six cases of ordinary pneumonia. In all

these cases the crisis appeared in twelve hours, though there was some return of the fever later. The patients all recovered. Neisser reports three cases, in all of which recovery took place, though the specific effect of the serum injections was not so clearly demonstrated. Redner has reported twenty cases which were treated by the injections. In all there was a favorable result, but in a good many this could not be attributed to the treatment alone. Other cases have been treated by C. Janson.

“The first to apply this method of treatment in America, so far as we know, were Drs. W. E. Hughes and W. S. Carter, of Philadelphia, who report one case in the *Therapeutic Gazette*, and give a summary of previous experiments, upon which we have drawn. Drs. Hughes and Carter report the history of their case with commendable care in detail. The patient was a male, thirty-five years old, a hard drinker, who, after a two weeks’ spree, developed a chill with cough and intercostal pain. Three days later he was found to have a temperature of 104° F., with consolidation of the right lower lobe and the beginning of a similar involvement of the left lower lobe. On the fourth day of the disease he received an intravenous injection of three hundred cubic centimeters of defibrinated blood taken from a negro convalescent of pneumonia. The injection was followed by a chill and purging; the temperature, which was 104.8° F. before the transfusion, was 101.6° F. after. Next day it rose to 104.4° F., and subsequently oscillated between 103° or 104° F. and was normal for three days, when the lungs seemed pretty clear, the temperature was normal, and convalescence began. The authors attribute some specific effect to the injection, because the lungs began to clear up at once despite the fever. We think it very doubtful if the case would be received as one contributing much to one’s confidence in serum therapeutics. However the patient recovered despite his alcoholic pneumonia, and that is a good deal. Drs. Hughes and Carter advise against the use of defibrinated blood, and think that serum collected from a blister, or by letting drawn blood stand, is safer and more efficient. At least fifty cubic centimetres of serum should be used, and it should be injected beneath the skin rather than thrown into the veins.”—*Medical Progress.*

THE CIGARETTE EVIL.—Considering what very poor things cigarettes are, it is surprising that they should have got such a hold upon the community. But, bad as they are, they are extremely fascinating. The use of them, when carried to excess, becomes a habit that is most difficult to break, while they are so cheap and so convenient that it takes exceptional discretion to smoke them at all without smoking them to a deleterious extent.

Of course it is primarily because they are so cheap that they appeal so generally to boys; but even with boys, who ought not to be allowed to smoke at all, it is not so much the tobacco in the cigarette that does the mischief as the pestilent and insinuating practice of inhaling the smoke. An ordinary boy of wholesome appetites won't smoke cigars or pipe tobacco enough to do him serious harm even if he can get them, nor would the cigarettes he might smoke be so serious a menace to his welfare if he could only smoke them as he would cigars. The trouble is that as soon as he gets used to cigarette smoking he begins to inhale the smoke, and presently is fixed in a habit that plays the mischief with him.

Whether anything besides tobacco goes into the ordinary cigarettes is a much discussed question. The effect they sometimes produce on the brain is so different from that due to tobacco in other forms as to favor the theory that many of them contain opium or valerian; but this the manufacturers deny, usually asserting that such drugs are too expensive to put into cheap cigarettes, even if it helped their marketable qualities. One thing besides the tobacco goes into them, and that is the paper, the fumes of which are, doubtless, bad for the throat and lungs as far as they go.—*Hall's Journal of Health*.

SANDER'S & SONS' Eucalyptol Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

THAT THERE IS DANGER SOMETIMES IN TEACHING YOUNG LADIES HOW TO SING.—This is how a lady stated the case to her husband as being the advice of the singing master in regard to her daughter :

“The first professor said that Almira sings too much with her borax. If she keeps on she will get digestion of the lungs. He said she ought to try the abominable breathing, and practice sol-fugery. Then the next teacher told me she ought to sing with her diagram, and not to smother her voice in the sarcophagus. Then the next he poked a looking-glass down her throat, and said the phalanx was too small, and the typhoid bone and the polyglottis were in a bad way; and I never knew that Almira had so many things down her throat, and I am afraid to let her sing any more for fear it will kill the poor girl.”—*New York Med. Examiner.*

Correspondence.

SHALL SUCCESS IN THERAPEUTICS BE IMPERILED BY ETHICAL CONSIDERATIONS?

WASHINGTON, D. C., January 13, 1892.

To the Editor of the New York Medical Journal:

SIR—I have read and weighed the contents of the letter in your issue of December 19, 1891, on this subject: Shall success in therapeutics be Imperiled by Ethical Considerations? That certain points in this letter have made a profound impression upon me is the main reason why I now address you, and respectfully ask that my letter be published in the columns of the *Journal* in vindication of the honorable standing to which all good and true practitioners of medicine aspire.

Dr. Dodge states very clearly a point that is now appealing to every practicing physician—that in these days of advancement in the manufacture of pharmaceutical products we should no longer be confined, as were our forefathers, to prescribing drugs in their

crude form, since there are to-day thoroughly attested remedies in palatable form, which our patients can take without repugnance and with benefit.

Now, while the code of ethics is an admirable exponent of the tenets which are acceptable to the great body of practitioners in our country, yet it is at least a question open to discussion whether there are not some points which in our progressive age might be reconsidered and revised. And I would suggest as one subject for discussion the question of the approbation and recommendation of certain proprietary articles which are in almost daily use by very many of our ablest practitioners.

Why should those preparations be condemned simply because their manufacturers are protected under a registered trade-mark? Is it not perfectly legitimate for our medical societies to elect competent committees to be judges of the therapeutical value of tried proprietary preparations? And could not their recommendation also be secured by their indorsement—

1. In didactic and clinical lectures and private instruction given to medical students.
2. In original articles acceptable to the editors of recognized medical journals; and
3. In standard medical works?

I address you particularly on this subject for the reason that the readers of your journal have carefully observed the fearless manner in which you and your able associates have defended the worthy against the unworthy, and given justice where justice was due. We have also seen that your journal has reviewed and commended works by others than medical writers. I have in mind the fact that the very excellent work on the therapeutical application of coca erythroxyton by Angelo Mariani, of Paris, France, the proprietor of the world-renowned *Vin Mariani*, was favorably reviewed by your journal.

WILLIAM H. HAWKES, M. D.

[We give place to the above excellent communication to our able contemporary as containing sound, logical statements of facts. Proprietary medicines have their place to-day, and will yet attain a higher in the future. Why strain at a gnat and swallow a camel? See page 67 in regard to the "Injustice of Discrimination."—*Ed. S. P.*

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Editorial.

THE ASSOCIATION OF SOUTHERN MEDICAL COLLEGES.

"The editor of the *Southern Practitioner*, a journal edited at Nashville, Tenn., takes exception to our editorial criticism anent the organization of the above-named association. Knowing the history of the attitude of several of the Southern medical schools towards the Association of American Medical Colleges, knowing that twenty-six of these colleges were represented by one or more delegates at the time of the provisional organization of the National body at Nashville four years ago, knowing that a pronounced spirit was manifest by a few of these schools even from the initiative organization to thwart the establishment of a high grade of requirements, knowing that this disposition was manifest upon the floor of the convention then in session, and that the strongest argument made against any progressive action emanated from a distinguished orator protesting against our attempt to scale the mountain's height by a single leap, knowing that this advanced position upon the part of the delegates was rendered doubtful by a body of delegates representing a few Southern schools immediately convening a caucus in a corner of the same room wherein the National body was holding its convention, knowing that a subsequent caucus was held at the Arlington Hotel, Washington, D. C., immediately antedating the second annual session of the National body in the above-named city, knowing that only two of these colleges had severed their connection with the National body, and that several were ignoring the provisions of this Association, knowing that the representatives of several of these schools were directly or indirectly trying to destroy the American Association, knowing that gross irregularity existed in regard to the enforcement of even a half-way respectable curricula, by conferring degrees after the study of medicine for a period of "eighteen months" together with attendance upon a few continuous weeks of lectures, or by conferring the degree of M.D. upon the scholarly drug clerk, if he will only take "one course of lectures," knowing that the opposition to the adoption of a high standard by the National Association came from a restricted portion of the South, and that the larger portion of colleges represented in the new Association were these same schools, knowing the above facts at the time of publication of the editorial in question, knowing that the broad-minded, unprejudiced representatives of the poorest medical college in America could not conscientiously criticise the tone of the article—knowing these data, we saw

fit to manifest the courage of our unbiased convictions by the publication of the editorial in question.

Permit us to suggest parenthetically, that we question the ability of any one journal to prejudice the body of practitioners against the National Association unless it is directly to their interests to manifest such spirit. We are of the opinion that the great mass of practitioners of medicine in Kentucky and Tennessee are as desirous of high-grade college instruction as the practitioners of Illinois, Minnesota or New York. If the practitioners of Kentucky and Tennessee were to follow the example of their more outspoken brethren in Virginia, North Carolina, Alabama, Minnesota, New York, New Jersey, and several other States, they would shortly be equipped against the dangerous product of several low-grade colleges in their vicinity. The experience of a large number of States possessing adequate medical legislation reveals the well-known fact that a large portion of the alumni of the medical colleges of America, that are conducted "for revenue only" are unfit to be entrusted with the lives of the people. Even though their examinations are far from rigorous, over 25 per cent. of their alumni fail to secure a license. Careful statistics gathered by the secretaries of these boards reveal the fact that these men shortly drift out of the profession, or locate in States not possessing efficient medical legislation.

"Many of these men, when too late to retrieve their great loss, openly damn their alma mater.

"The columns of this journal in the past have been greatly given over to scientific papers, and will probably continue to be in the future. Questions of medical sociology have been greatly neglected notwithstanding we are the legitimate organ of nearly one hundred thousand practitioners of medicine in the United States. In view of the repeated and outspoken voice of the American Medical Association in behalf of better medical education, we feel justified in assuming the position we do in discussing this question."

We give our large circle of readers the benefit of the full quotation above from the editorial columns of *The Journal of the American Medical Association*, of January 21st—a periodical that is supposed to be representative of an entire country, composed of both North and South, as well as East and West, and not limited in its support from any particular section or set of men, being sustained by the Doctors of the United States of America, from the lakes to the gulf, from the Atlantic to the Pacific.

Our *quasi* Association journal editor—for we know that neither the article appearing in the Association Journal of December 10th, ult., nor the one above quoted, could have emanated from the pen of that true Christian gentleman, Dr. J. C. Culbertson, who has been placed at its helm, though he will have to bear the

brunt of it, and many think it the work of his facile pen, and have so charged, which we have denied, as well as the assertions from both pen and lip that it was the work of that grand old man, "The Father of the Association"—no, no, it did not come from such men as these, but one of Chicago's doctors, who may have used pure words at some time in his career, but has ever wielded a most unfavorable influence on the prosperity of the Association journal, and who has posed time and again as a most veritable Pandar—seems to know a "right smart chance," as our Tennessee vernacular would express it. Yes, he knows a "heap" (?) Well, with his many and oft reiterated "knowings," we will say that he does not yet know quite enough to bait a "skunk-trap" so artfully as to entrap Southern medical gentlemen. In order that we may add to the knowledge of our knowing friend, we will instruct him in the method of best catching an Irishman—"one of whom we are which"—and not a Tartar. If you want to catch an Irishman, get you a good, strong barrel, a whisky barrel if you wish, with both heads stoutly secured, sound staves and well hooped. Enlarge the bunghole just sufficient for a good-sized, well-grown son of Erin to introduce his hand, and place within the barrel an Irish potato. The first bog-trotter that comes along will introduce his hand and seize the potato, and never release his grasp. You have got him, have you not?

But the specious effort to entrap Southern medical men by such an Association as has twice been attempted, will ever prove a failure. A wily bird dreads the snare. Yes, and Southern medical men, believing themselves the peers of any, have the right to control their affairs in their own way.

Granted that you did catch one of the Southern medical schools, with its sonorous Kentucky fog-horn, and have given it some gratuitous advertisement, which will do it no good whatever, as long as it has to compete with the grand old time-honored University of Louisville, in which medicine is taught as well to-day as when a Gross or a Flint occupied the rostrum of its lecture halls, or the Kentucky School of Medicine, with its courtly Wathen and gifted Matthews, or the Louisville Medical, with captivating Kelly and brainy Larrabee. No, indeed, a stronger backing will be needed to down such institutions and

such men, to say nothing of the other honorable medical institutions that have seen fit and proper to organize an association of their own, believing that they were capable and competent to control their own affairs. Yes, we repeat it: Southern medical men have a right to both think and act for themselves, and to manage their medical schools in their own way.

Has the Association journal, maintained largely by Southern men, a right to make so vile and scurrilous an attack? We have stated that we thought that we had some knowledge as to who was responsible for the two peculiar diatribes—feeling justified from our knowledge of the men in placing the paternity elsewhere than on Dr. Culbertson or the venerable “Father of the Association.” We have had a small bird whispering in our ear that such articles could only emanate from one of the medical men of the “Windy City,” whose features have lately been made somewhat public property. Apparently of handsome physique, and of gentlemanly demeanor and of genial face, yet we think if his *tout ensemble* was submitted to a close and careful clinical review by an honest jury, with all the evidence in, the verdict would be: “Let no such man be trusted?” though assumed to be “a good man and true.”

In conclusion, we stand by our statements in our January number. They have not been confuted or refuted by the “knowing” individual who is protected by the editorial ægis of the Association journal. In this we are fully sustained by quite a number of personal letters from able and prominent medical gentlemen of the South—the equals of any of the world—some connected with medical schools, others not having had such connection since their graduation, and beg leave to submit the following editorial extract from the January number of the *New England Medical Monthly*—the honest words of the grand and glorious Wile, one who has been at the front, as he will ever be, in medicine, in science, in literature, and in peace and war. We cannot but think it will be a nice *bon bouche* for our *quasi* editor. We submit it in full, and as it is headed:

“SOUTHERN MEDICAL COLLEGES

“We are quite astonished at the tone of a recent editorial in the *Journal of the American Medical Association*, entitled “Two Medical College Associations.” It is a direct insult to the medical colleges in the South,

and comes with a very bad grace from the *Journal of the American Medical Association*. As we understand it, the association of Southern medical colleges embraces every single college in the Southern States, but one. The rules and regulations governing this organization calls for 'a three years' course, through the entire membership, a decided step in advance, as well as raising the qualifications for admission; the candidate must possess a diploma of graduation from some literary or scientific institute of learning, or certificate from some legally constituted high school, general superintendent of state education or superintendent of some county board of public education, attesting the fact that he is possessed of at least the educational attainments required of second-grade teachers of public schools, provided, however, if a student so applying is unable to furnish the above and foregoing evidence of literary qualifications he may be permitted to matriculate and receive medical instructions as other students, and qualify himself in the regular literary departments and stand his regular examination as above specified *prior* to offering himself for a second course of lectures.' This will show an upward course in the Southern medical colleges, and it illy becomes the *Journal* to throw mud, or try to belittle an association that promises so well for the future."

And now, finally, we will say, "*Fiat Justitia*," even though the Northern heavens fall, and will ask all friends of true medical progress to read the regulations of the two college associations, which appeared in paralleled columns of *The Journal of the American Medical Association* of quite a recent date.

SHOULD IT BE WE? "OUI! OUI!"

Our genial and brilliant friend who so successfully and satisfactorily holds down the tripod in the editorial sanctum of the *Medical Mirror* of St. Louis, has attracted the attention of friend Daniel of the well-known "Red-Back," in regard to the use of the singular or plural in editorial writing.

Now, if they will consult the back numbers of the "S. P." they will see that this humble pencil-shaver has essayed the same effort before the *Mirror* had started on its grand and successful march in the serried ranks of American medical journals.

We thought that *we* were correct. At times it would seem so—others not. We thought of how this term had been used from

time immemorial. The most brilliant and able editorial writers of the ages, not only in the medical, secular, religious, legal, scientific and other publications, to say nothing of my fathers in medicine—those magnificent, grand and typical true medical editors, Eve and Bowling—have made its use familiar to all readers. I thought at times it was a shirking of a responsibility when writing an editorial paragraph to use the plural. I also thought that possibly it was right when more than one individual was engaged in the publication of a periodical. But I thought also of times when many editorial writers were singly engaged in their work. Well; we will give the following extracts from the last copy of the *Mirror*:

“I clip the following from that brilliant, breezy, live and energetic redback journal of Texas, edited by the able and wide-awake Daniel, of Austin:

“ ‘Dr. I. N. Love, the only genuine and original, uses the personal pronoun, first, singular, in his editorials instead of the time-honored ‘we.’ ”

“ ‘Oui, Oui. I have dropped the time-honored editorial ‘we’ in this department. I really cannot understand by what right any individual in writing can announce himself as plural, unless it be that the man who engages in editorial work sooner or later gets ‘doubled up’ so many times that he is fully justified in referring to himself as ‘we.’ ”

In conclusion, *we* will say that *my* opinion, after turning from one side to the other, was that *we* is right. While the editor of the periodical may be singly engaged in his work while at his desk, he has associates who are also engaged in spreading abroad his ideas—there is at least the printer and his devil, and if this trio is not entitled to a plural designation, it is very singular.

But stop! We have in mind one medical editor, who I and many others can but regret that he is now permitting his brilliant pen to idle away these times so full of medical progress, who I thought was justly entitled to use the first person singular, from the fact that he was editor, printer and devil—all in one. The editorial paragraphs, and much of the original matter of *The Country Doctor* were written by Bro. McColgan, who then put them into type [sometimes, in fact, he did not take the time to write them, but composed both mentally and physically], made

up the forms, put them on the press, and worked them off, individually and alone, directed and mailed his journal by his own hand. Now, when friend Isaac, or any other man, will show as much energy, determination and independence, *we* can justly allow him to use a great big I. Such is my or *our* opinion; such was and is custom, and always will be.

OBITUARY.—Dr. Charles W. Winn, one of the active practitioners of medicine in this city, died on the 15th day of January, 1893, after a long and trying illness.

His term of years was but 39, but in his short career of life he had devoted its most active portion to the relief of suffering humanity and the advancement of the science of which he was an humble yet useful member. He was a man made by himself. Unprovided with this world's goods, he obtained by his own energies and exertions a knowledge of a most exacting science and art. He used this knowledge to good purpose, and was a self-denying, energetic and earnest worker in behalf of his fellow man, a true physician and an honest devotee of science.

He was one of the organic members of the Nashville Academy of Medicine, and one of its most earnest, persistent and self-denying members. On his death the Nashville Academy of Medicine, in open session, adopted appropriate resolutions to his memory, which but faintly portray his excellence of character, integrity and devotion to medicine. These resolutions were published in the Nashville secular papers, and we regret that want of space precludes their entire appearance here, yet we feel justified in giving place to one of these resolutions of justly earned respect, which is as follows:

Resolved, by the Nashville Academy of Medicine, That in the death of Dr. Winn it has sustained an irreparable loss; that as a medical society we have been deprived of an active, efficient and able co-worker; that as professional brethren we have lost a confrere whom we honored and esteemed for his considerate regard for each and every member of the profession; for his high ethical standard of intercourse, and for his lively interest in all that pertained to the welfare of his chosen profession."

He graduated in medicine at the Medical department of Van-

derbilt University in 1879, and was the valedictorian of his class. He commenced the practice of medicine at Bigbyville, Maury county, Tenn., and practiced in that section until he moved to Nashville in 1885, where he worked consistently and conscientiously until prostrated some months ago by the illness which terminated his useful life.

He was twice married, first to Miss Saidee Lawrence, daughter of Dr. John Lawrence, of the Hermitage, his wife being the eldest daughter of the daughter of the adopted son of Andrew Jackson, by whom he had one son, who survives. His first wife dying in but little over a year after their marriage, he was some two years later fortunate enough to secure the hand of Miss Branch, of Columbia, who, with one son, survives and mourns his untimely loss.

Possessed of a strong bodily constitution, a sound and deliberate judgment, and indomitable energy, he succeeded in his profession far beyond what his opportunities and advantages would have led us to expect.

When ill-health assailed him, and he was brought to pass painful days and sleepless nights, his fortitude never forsook him—he was uncomplaining and hopeful to the end. He was a self-made man, a consistent christian, and leaves behind him the best of legacies—that of a good name.

THE DEATH OF DR. BERAH A. WATSON, OF JERSEY CITY, is announced to have taken place on Thursday, the 22d ult., in the 56th year of his age. Dr. Watson was a graduate of the Medical Department of the University of New York, of the class of 1861, and one of the surgeons of St. Francis Hospitals.—*N. Y. Med. Journal* Jan. 7, 1893.

The brief statement given above awakens thoughts of peculiar sadness and regret. A personal acquaintance with this kind, genial and most earnest devotee to surgical knowledge and progress is at an end. We will see him no more. How well do I remember our last interview when he was at Nashville, at the annual meeting of The American Medical Association in this city, he being Chairman of the Section of Surgery and Anatomy? His address as Chairman of the Section, like his other writings and

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(we refer to MERCK'S BULLETIN) is its distinctive character. Some journals are devoted to the expansion of a single man's ideas or the advancement of a special theory. MERCK'S BULLETIN is a comprehensive, well-rounded, clearly-outlined review of the entire field. It offers just what the busy physician or surgeon desires to know. This is the reason that many hundreds of new names are added every month to its subscription list.

If you do not know the journal and want to examine it, a copy will be cheerfully forwarded without expense.

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Exercises a specific alterative action on the uterine tissues, a general tonic influence on the Pelvic Organs; has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to encourage peristalsis of the bowels, and to remove spasmodic conditions.

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HORSFORD'S ACID PHOSPHATE

Has been used with good effect in diseases of the liver and biliary disorders where an acid treatment is indicated, and has especially proved a desirable medium to employ in chronic hepatic affections. By its action it stimulates the liver and promotes an increased flow of bile.

The Acid Phosphate is far superior to the nitro-muriatic acid of the pharmacopœia, in that it serves to assist digestion and promotes in a marked degree the healthful action of the digestive organs.

Dr. O. G. CILLY, of Boston, says: "I give it in all cases where there is derangement of the liver, with the most remarkable success. With my patients it has agreed wonderfully."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

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Beware of Substitutes and Imitations.

A Vitalizing Tonic to the Reproductive System.

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GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

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**Prostatic Troubles of Old Men—Pre-Senility,
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DOSE:—One teaspoonful four times a day.

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productions, was a gem of surgical literature. His published work on Amputations, his reaserches in Surgical Pathology, his contributions to medical periodicals and society transactions, his surgical work, and his surgical investigations, have placed his name high on the roll of American surgeons and has added luster to the grand galaxy of surgeons of the American continent who have preceded him, and will greet him as a fellow and a peer on the other shore. We can ill afford to spare such men; but the world to-day is better for their having lived. Suffering has been alleviated and life has been prolonged by Dr. Beriah A. Watson.

PAN-AMERICAN MEDICAL CONGRESS.—The preliminary announcement of this Congress (to meet in Washington, D. C., next September, 5th to 6th), is at hand. It consists of sixty-four pages, giving the by-laws, committees, sections, officers of sections, etc. Nearly every North and South-American nation is represented and "the isles of the seas" have not been overlooked or forgotten. This bids fair to be the largest convocation of medical men this country has yet had. The Treasurer of the organization is Dr. A. W. Owen, of Evansville, Ind. The dues are ten dollars. It is requested that as many as possible, of the physicians in good standing in the United States (who design attending the Congress), would send this fee in advance of the meeting. Even at this early date it would be acceptable, in order to carry on the necessary preliminary expenses of the Congress, and these are by no means light.

The Secretary-General, Dr. Chas. A. L. Reed, of Cincinnati, will answer all inquiries of interested parties.

Dr. Wm. Pepper, of Philadelphia, Pa., has been elected the President of the Congress.

THE ALUMNI ASSOCIATION of The Medical Department of the University of Tennessee will be held in the College Hall, on Wednesday, February 22d, at 8 o'clock, P.M. The public are invited to attend. Addresses will be delivered by some of the ablest of the many able practitioners of medicine who hail this school as their Alma Mater.

THE MEDICAL AND SURGICAL OBSERVER is the title of a new monthly journal, published at Jackson, Tenn., by Dr. M. Vandahurst Lynk, editor and proprietor, 8vc.. pp. 26, subscription price \$2 per annum in advance. It enjoys the unique position of being the *only* distinctively negro medical journal in America. We wish it every degree of success, and hope that the race to which it belongs will give it a satisfactory support.

With the education of the negro race, following his emancipation on this continent, we were gratified at the organization of medical schools for them, so that they might have medical attendance of their own, and we sincerely hope to see this additional movement of progress achieve a satisfactory and substantial success.

The first number, just issued, is well printed, excellently edited, and is a credit to its originator.

HORSFORD'S ACID PHOSPHATES.—In our special advertising space occupied by the *Rumford Chemical Works*, of Providence, R. I., who manufacture this most excellent, well-tried, and most highly-approved preparation, occurred a most egregious error—no, a most miserable typographical error. It was one of those things that will sometimes occur when we are at the mercy of the [printer's] devil. We do not think it will amount to much with the readers of the SOUTHERN PRACTITIONER, for we know that they are, all of them, sufficiently intelligent to know that *Horsford's Acid Phosphate* has proven itself to be all right, and that whether the "R" is left off or not, they can rely upon the reliability of Rumford Chemical Works, and join us in saying "it is no matter which end you leave off letters, not if both are included, that Rumford is all right and that it is an accepted fact from the amount of Horsford's Acid Phosphate used, that their place of manufacture must be in the *plural*. Read their advertisement this month and you will find it all *right*—as you always will find *Hosford's Acid Phosphate*."

THE "AMERICAN TEXT-BOOK OF SURGERY," edited by Professors Keen and White, of Philadelphia, which has only been issued a few months, is already a phenomenal success. It has

been adopted as a "text-book by forty-nine of our leading medical colleges and universities. Nearly forty-five thousand copies have been placed in physicians' libraries, and every indication points to the sale of at least as many copies more in the next six months.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery," arranged in conformity with the "American Text-book of Surgery," which will be a valuable aid to all who have this great book.

MCARTHUR'S DIARY, for 1893, is the title of a very handsome little brochure for the vest pocket, containing much valuable information, epitomized for the use of physicians. If you have not received one write to the *McArthur Hypophosphite Co.*, Boston, Mass., and they will send you one for the small sum of twenty cents.

A NEW PROFESSORSHIP IN JEFFERSON MEDICAL COLLEGE.—At a meeting of the Board of Trustees, held on Wednesday, November. 30, 1892, Dr. C. E. Schweinitz was, on the unanimous recommendation of the Faculty, elected Clinical Professor of Ophthalmology in the Jefferson Medical College.

At the time of election, Dr. Schweinitz was Professor of Ophthalmology in the Philadelphia Polyclinic and Lecturer on Medical Ophthalmoscopy in the University of Pennsylvania.

OUR ADVERTISERS.

We desire to call the attention of our many readers to our advertising pages, which will repay a careful perusal. We have adopted the rule, which has been strictly adhered to, of admitting nothing but first-class, reliable articles, which we can cordially commend.

THERAPINE is one of the new coal-tar derivatives placed before the Medical profession by the Albemarle Chemical Co., 115 Fulton Street, New York; Southern Depot, Nashville, Tenn.

WHEELER'S TISSUE PHOSPHATES is a nerve-food and nutritive tonic of special value in the treatment of consumption, bronchitis, scrofula, and all forms of nervous debility.

DIOVIBURNIA is a most excellent uterine tonic, antispasmodic, and anodyne. It is a reliable remedy for the relief of dysmenorrhœa, amenorrhœa, menorrhagia, leucorrhœa, and subinvolution. It checks threatened abortion and relieves the vomiting of pregnancy.

THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE are in a more flourishing condition than ever. The largest classes ever in attendance this year. With one of the most suitable buildings for medical teaching, improved clinical advantages, and a corps of active, earnest, hard-working teachers, success is natural.

FELLOWS' HYPO-PHOSPHITES (Syr. Hopophos: Comp: Fellows:) contains the essential elements to the animal organization—potash and lime; the oxydizing agents—iron and manganese; the tonics—quinine and strychnine; and the vitalizing constituents—phosphorus, combined in the form of syrup, with slight alkaline reaction.

MESSRS. WM. R. WARNER & Co. have a double page advertisement that will repay careful perusal. Their special preparations have long been recognized as standard and reliable. Of their Bromo-Soda we can only speak in the highest terms. Their other preparations will unquestionably give satisfaction.

NEUROSINE has obtained endorsements from some of the most practical clinicians of America. It is a most excellent neurotic, anodyne, and hypnotic, and is remarkably efficacious in the treatment of nervous affections.

VIN MARIANA is a "diffusible stimulant and tonic in anæmia, nervous depression, sequelæ of child-birth, lymphatism, tardy convalescence, general "malaise," and after wasting fevers. It is the only tonic stimulant without any unpleasant reaction, and may be given indefinitely, never causing constipation."

FEBRILENE.—Having used this preparation since its first introduction to the profession, and having derived much satisfaction from its use in malarial affections, the following formulæ have been suggested, that, I think, will be appreciated by the readers of this journal. Physicians often wish to make palatable tonics for their female and youthful patients and will here find some excellent combinations:

- R Febrilene (Tasteless Syrup Quinine, Lyon's)...f. ℥iv.
 Fresh Simple Syrup.....f. ℥iv.
 Iron by Hydrogengrs. lxiv. M.
 Dose, one to two teaspoonsful.
- R Febrilene (Tasteless Syrup Quinine, Lyon's)...
 Fresh Simple Syrup.....aa f. ℥iv.
 Potas. Iodid.....grs. cxxviii.
 Iron by Hydrogen.....grs. lxiv. M.
 Dose, one to two teaspoonsful.
- R Potas. Iodid.....grs. lxiv.
 Fl. Ext. Cascara Sagrada.....f. ℥iv.
 Febrilene (Tasteless Syrup Quinine, Lyon's)
 Fresh Simple Syrup.....aa f. iv. M.
 Dose, one to two teaspoonsful.

FEBRILENE will combine with any powder, syrup, or fluid extract which does not contain acid or alcohol. Acids and alcohol, in any form or quantity, will develop the bitter taste.

COMPOUND TALCUM, manufactured by Dr. Julius Fehr, is a delight to all mothers. It is antiseptic, antizymotic, and disinfectant, with positive hygienic, prophylactic, and therapeutic properties. It is truly a baby's powder.

SCOTT & BOWNE make a most excellent emulsion of cod-liver oil. Read their advertisement; see what they have to say. Not much, to be sure, but "words with the bark on."

MESSRS. FAIRCHILD BROS. & FOSTER, Makers of original and reliable preparations of digestive ferments and other valuable therapeutic remedies, have an important notice in this number. Complete lists and descriptions will be sent to any one applying to them at 82 and 84 Fulton Street, New York.

DON'T FORGET that *One Dollar*, sent by mail, in currency, U. S. postal order, postal note, or one or two cent stamps, will

secure twelve consecutive monthly issues of **THE PRACTITIONER**—each containing forty-eight pages or more of choice, interesting and reliable reading matter devoted to medicine and surgery.

VIBURNUM PRUNIFOLIUM.—Of the many proprietary preparations that have been offered to physicians in past years there is not one that has so justly earned the large degree of popularity afforded as Dr. Hayden's viburnum compound. It has given the utmost satisfaction whenever tried, and the many physicians throughout the land are under many obligations to its originator. To the gynecologist, the obstetrician, and general practitioner who is often called upon to act promptly and effectively in both specialties, it has proven a boon indeed. This statement is made as the result of the most thorough examination of this ideal preparation.

Reviews and Book Notices.

TEXT-BOOK OF NERVOUS DISEASES. Being a Compendium for the Use of Students and Practitioners of Medicine. By CHARLES L. DANA, A.M., M.D., Professor of Nervous and Mental Diseases in the New York Post-Graduate Medical School, and in Dartmouth Medical College; Visiting Physician to Bellevue Hospital; Neurologist to the Montefiore Home; ex-President of the American Neurological Association, etc. With 210 illustrations. Octavo, 524 pages, red parchment muslin, price \$3.25. WILLIAM WOOD AND COMPANY, New York.

This work, though very thorough and excellent in its character, is not intended as an exhaustive treatise, but it covers the essential points with which the practicing physician should be familiar in his treatment of nervous diseases.

Dr. Dana, in his preface, states that the object of this work is "to furnish a book which will be suitable for all students and practitioners, and not be valueless to the specialist." It fully covers the intentions of the author, and will be a most excellent guide to the proper understanding and management of many obscure cases.

This book is not a compilation, but the result of years of study and practical work in that most difficult branch of medical study.

The type is small—too small—but fully compensated, perhaps, by the fine paper, clearness of print and most excellent form in which the publishers present the work.

LISTERINE,

FORMULA.—*Listerine is the essential Antiseptic constituent of Thyme, Eucalyptus Baptisia, Gaultheria, and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

DOSE.—*Internally: One teaspoonful three or more times a day (as indicated) either full strength or diluted with water, or in combination with other drugs. As a local application to ulcers, wounds, and abscesses, or as a gargle, mouth-wash, inhalant or injection, it can be used ad libitum, diluted as necessary for varied conditions.*

LISTERINE is a non-toxic, non-irritating, and non-escharotic antiseptic, composed of ozoniferous essences, vegetable antiseptics and benzo-boracic acid; miscible with water in any proportion and in agreeable strength sufficiently powerful to make and maintain surgical cleanliness in the treatment of all parts of the human body, and particularly adapted to the field of preventive medicine—personal prophylaxis.

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Don't let your cases of genito-urinary troubles become dissatisfied at the tardiness of their progress towards recovery, but show your skill and give your patients what they need. To

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Because you know that the value of the combination, Buchu, Juniper and Acetate of Potash, (the best diuretic known), was established by Prof. Edward S. Wayne, (for many years Professor of Chemistry, Ohio Medical College,) in his Elixir. This Grand Tonic to the reproductive organs and mucous surfaces can only be obtained by using

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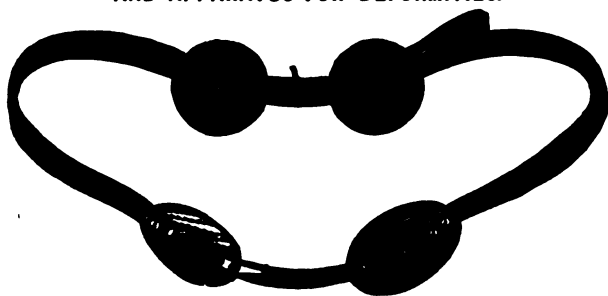
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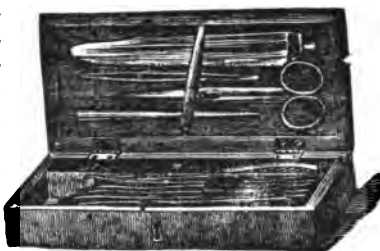
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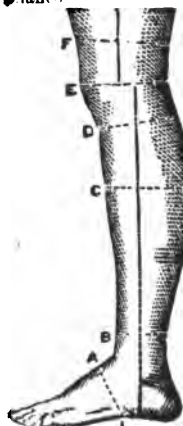
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Stimulates Digestion and promotes Assimilation.

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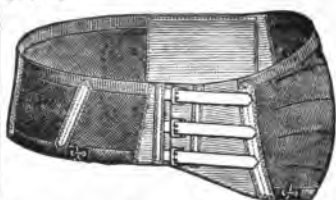
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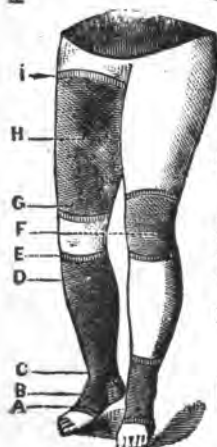
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